



# Order of the Arrow Membership Renewal Form

Wihinipa Hinsa Lodge 113 • Bay Area Council, BSA  
3020 53rd Street • Galveston, TX 77551



### Instructions for Membership Renewal:

1. Fill in all requested information below.
2. Return this form — along with a **\$10.00** Check or Money Order made payable to BSA — to the Council Service Center at the address above (“Attn: OA”), or in person at the Volunteer Services Desk.

### PLEASE TYPE OR PRINT

#### REQUIRED INFORMATION

Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

<b>Troop #</b>	<input type="text"/>	Coastal District / Do Pah Ke Sto Wa-we-ski Chapter	<input type="text"/>
<b>Team #</b>	<input type="text"/>	Cradle of Texas District / Tendeuchen Langoma Chapter	<input type="text"/>
<b>Crew #</b>	<input type="text"/>	Thunderbird District / Mehokquiman Chapter	<input type="text"/>
<b>Ship #</b>	<input type="text"/>	Northern Star District / Woapossom Chapter	<input type="text"/>

Ordeal Date (Month/Date/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Brotherhood Date (Month/Date/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Vigil Honor Date (Month/Date/Year): \_\_\_\_/\_\_\_\_/\_\_\_\_

Vigil Honor Indian Name: \_\_\_\_\_

Vigil Honor Name Translation: \_\_\_\_\_

#### **Council Use:**

Please send this form to lodge advisor for membership information update after processing dues.